

Introduction

This report is intended to engage stakeholders, and other interested parties, in the success of a statewide comprehensive plan to decrease the impact of cancer in Wyoming. In order to make a difference, we must show success through achieving measurable outcomes. Through this report, the WCCCC will identify how Wyoming is succeeding at decreasing the impact of cancer in the state, as well as identify how to strengthen the state cancer control plan through modification of goals, objectives, or strategies.

As you review the measures for 2006-2007, which will include successes, barriers, and the future direction of the WCCCC, keep in mind that long-term change happens over time. For many of the outcomes identified in the plan, we may not observe significant changes for a decade. Prevention takes time, as does intervention strategies and behavior change.

This report acknowledges sincere gratitude to the members of the WCCCC for their ongoing support and dedication of those impacted by cancer in the State of Wyoming. With continued efforts surrounding prevention, early detection, diagnosis and treatment, quality of life (including pain management and survivorship), and access to healthcare issues, Wyoming will be a healthier place for our children, adults and families.



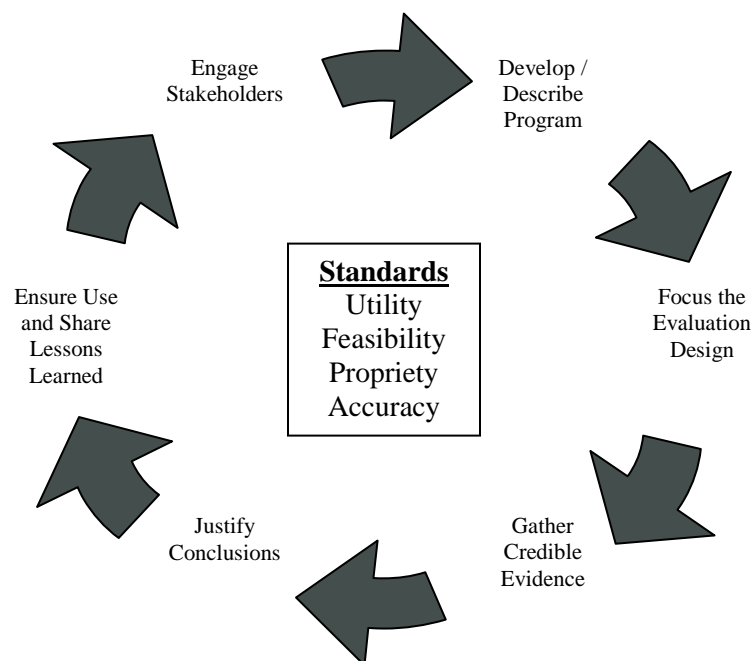


Evaluation Approach

As part of Wyoming's cancer control evaluation, contextual factors, such as environment or organizational design, must be evaluated in order to obtain data relating to the program's success based on factors that may impede or facilitate ongoing decision-making or priority setting. The factors may include organizational and environmental indicators that may aid in the program's decision-making process.

Also monitored as a part of this evaluation are the implementation activities within the *2006-2010 Wyoming Cancer Control Plan*. The WCCCC Steering Committee and the WCCCC Data Committee will continue to monitor implementation strategies for project accomplishments, weaknesses, and modifications.

The outcome evaluation data is probably the most crucial information we will receive. The data will tell us how well we are doing at decreasing the impact of cancer on Wyoming and promote data driven decision-making as we move forward with CCC efforts in Wyoming. The process will involve looking at long and short-term goals and objectives, identifying effectiveness of programs, and revealing program strengths and weaknesses. The *2006-2010 Wyoming Cancer Control Plan* has a total of 16 goals, 38 objectives, and 134 strategies as a measure of success.



In addition, the six steps reflected to the left are advised to be taken in any public health evaluation process [Centers for Disease Control and Prevention (MMWR, 48/ (RR11):1-40)]. Also reflected are a set of standards, which help to assess the quality of evaluation activities. The WCCCC has decided upon this model, as it is evidence-based and proven to provide an adequate assessment of how Wyoming improves as a result of Comprehensive Cancer Control efforts.



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Implementation Evaluation

This portion of the evaluation focuses on the implementation of strategies within the *2006-2010 Wyoming Cancer Control Plan*. By evaluating these strategies, we can better understand which activities are being implemented successfully, which activities need to be modified or deleted from the plan, and any lessons learned within the implementation process. This first year of implementation, five workgroups were created in an attempt to carry out various plan strategies. The workgroups and their perspective activities are outlined below:

Prevention Workgroup

Formed in January 2006 with the intent of raising awareness of prevention services surrounding cancer control within the State of Wyoming.

Goal: Increase access to prevention resources to aid in risk reduction; increase use of evidence based/ best practice prevention programs, policies, and procedures.

Objective: By October 2006, develop WCCCC prevention-based online clearinghouse.

Strategies: Collect information from local, statewide, and national prevention resources; Contact partners and assess resources available to be placed on site; Contract with online web programmer; Develop and load site for public use; and continual evaluation of the site for effectiveness and usefulness.

Status: Complete. The WCCCC Prevention Clearinghouse was unveiled in January 2007 and may be accessed at www.fightcancer.wy.com. From January 2007- May 2007, approximately 2,168 people visited the site.

Early Detection Workgroup

Formed in January 2006 with the intent of identifying available screening and diagnostic services, as well as support services, for those navigating the cancer continuum.

Goal: Increase early detection and screening in Wyoming.

Objective: By July 2007, identify county-level early detection resources and gaps in early detection services throughout the state of Wyoming by county.

Strategies: Obtain statewide screening information availability from health organizations; Develop early detection survey for local Public Health Nursing (PHN) /County Health Officers; Map screening availability of breast, cervical, prostate, colorectal, and lung cancers, by county; identify gaps in early detection (ED) services; and create an action plan to reduce gaps in ED services.

Status: Complete. The County Cancer Profile Survey information may be accessed at www.fightcancer.wy.com

Diagnosis & Treatment Workgroup

Formed in January 2006 with the intent of enhancing communication among Wyoming healthcare providers and discuss the implementation of a statewide electronic tumor board system.

Goal: Enhance communication among various health care providers within the state; and Increase use of evidence-based "best practice" cancer care from diagnosis through treatment follow up or end of life care.

Objective: By July 2007, create and implement a statewide tumor board pilot via electronic linkage to serve as a model for state health coordination efforts.

Strategies: Gain physician approval; determine linkage sites based on physician recruitment; Obtain approval from hospital/ center CEOs; Install equipment; provide equipment training; and evaluate usage.

Status: Ongoing. This WCCCC workgroup faced challenges with funding and coordination of the ETB project. Since this is a systems approach to care, this will take time to complete in a comprehensive



Quality of Life Workgroup

Goal: Improve the Quality of Life for Wyoming cancer patients, survivors, families, and caregivers.

Strategies: Introduce CCRC/ PN system to WCCCC and CCC Steering Committee; Obtain group approval; Create policy arm of WCCCC to work on CCRC/PN pilot project; Create timeline to propose legislation to fund CCRC pilot projects; and propose CCRC/PN system to the Wyoming State Legislature (WSL).

Status: Complete. The QOL workgroup provided advocacy and awareness efforts statewide about the importance of a comprehensive approach to cancer prevention and control at the community level. As a result, the Governor requested approximately \$300,000 in the Governor's supplemental budget for implementation of the County Cancer Resource Coordinator Pilot Project in 2-3 Wyoming Communities. This was referenced in Senate File 131, the Wyoming Cancer Control Act (March 2007).

Goal: Increase access to cancer-related resources to underserved populations in Wyoming.

Strategies: Research available resources; Collaborate with the early detection workgroup to determine county level data from Early Detection County Resource Survey; Compile all data; and develop and disseminate resource guide.

Status: Complete. The resource guide can be accessed at www.fightcancerwy.com



Outcome Evaluation

As stated earlier in this report, the outcome evaluation is probably the most crucial information we will receive. The overall change in select indicators that have been identified will tell us how well we are doing at decreasing the impact of cancer on Wyoming and promote further data driven decision-making as we move forward with CCC efforts in Wyoming. Once we are able to monitor ongoing progress surrounding cancer prevention and control in Wyoming, the process of filling the gaps will commence. In addition, the WCCCC will strive towards identifying new possible opportunities, and building systems to promote long-term sustainability for CCC and quality cancer care.

Much of the data collection for the outcome evaluation is available through statewide data, such as the Behavior Risk Factor Surveillance System (BRFSS) survey, the Youth Risk Behavior Survey (YRBS), and the Wyoming Cancer Surveillance Program's (WCSP) Annual Report on Cancer in Wyoming.

The *2006-2010 Wyoming Cancer Control Plan* identifies 38 indicators to show success in implementing Wyoming's cancer control plan. They are long-term outcomes that will change the way Wyoming people are impacted by cancer. Because they are long-term outcomes, we may not see dramatic changes in rates or data for the next few years; however, we can show progress in our indicators as evidenced below in Table 1.

TABLE 1: YEAR ONE-IMPLEMENTATION INDICATORS

Indicator	Progress
By 2010 identify methods to track youth data relating to sunburn and overexposure to ultraviolet rays.	Questions pertaining to sun safety were added to the 2006 BRFSS to find baseline data on sun burn for youth currently residing within the household.
By 2010 decrease the number of Wyoming adults reporting burns from the sun or other sources of UV radiation each year (i.e. tanning beds) to 35%.	During May 2007, as a marketing strategy for skin cancer awareness month, posters identifying the need for skin cancer screening and sun safe practices were disseminated statewide. Additional requests for information were received by providers and additional materials disseminated.
By 2010 increase use of best practice/ evidence-based cancer care from diagnosis through treatment follow-up or end of life services	Implementation of the prevention clearinghouse and use of tumor board meetings (electronically or in house).
By 2010 connect cancer patients and survivors to necessary available resources through the use of patient advocates	Completion of the County Cancer Resource Profile surveys in all 23 Wyoming counties, as well as the advocacy efforts to bring patient navigation/cancer control initiatives to the local level.
Enhance communications among various healthcare providers within the State of Wyoming	Implementation of the tumor board meetings (electronically or in house).
By 2010, increase the percentage of Wyoming women over 40 years old who report Mammography screening to 78%; and By 2010, increase the percentage of Wyoming females age 18 and older who report regular pap testing to 88%.	The 59th Wyoming State Legislature appropriated \$250,000 for fiscal year 2007-2008 to enhance breast and cervical cancer screening in the State of Wyoming, including a project specific to the Wind River Indian Reservation.
Increase the availability of accurate, complete, and timely cancer data to Wyoming residents including persons at risk, cancer patients, healthcare professionals, policymakers, and other interested stakeholders.	Increased collaboration and activities between the Wyoming Cancer Surveillance Program and Comprehensive Cancer Control, including the monitoring of the <i>2006-2010 Wyoming Cancer Control Plan</i> goals, activities, and strategies. In addition, the WCCCC website includes up to date Wyoming data. Please visit www.fightcancerwy.com .
Develop strategies to connect cancer patients, survivors, families and caregivers to available cancer resources locally, regionally, and nationally	Obtained funding (\$300,000) for the implementation of the County Cancer Resource Coordinator Pilot Project; Collected baseline data via the County Cancer Resource Profiles, drafted and disseminated the 2007 Wyoming Cancer Resource Guide.
Educate policymakers about cervical cancer research and evidence based intervention strategies.	The Wyoming Comprehensive Cancer Control Program, in conjunction with the Wyoming Breast & Cervical Cancer Early Detection Program and the Wyoming Health Council, provided HPV educational toolkits to Wyoming Legislators at the 2007 General Session to promote funding for the new vaccine.
Increase the percentage of Wyoming men and women age 50 and older who report having had a sigmoidoscopy or colonoscopy to 60%.	The Wyoming Comprehensive Cancer Control Program completed provider toolkits with up to date screening guidelines and the latest research pertaining to colorectal cancer. The toolkits were disseminated to approximately 150 providers in the state. In addition, the Wyoming Cancer Control Act appropriated \$1.4 million for the creation and implementation of the Wyoming Colorectal Cancer Early Detection Program to promote colon cancer screening in Wyoming men and women age 50 and older.
Increase the percentage of smokefree restaurants in Wyoming to 75%.	The cities of Cheyenne and Laramie went smokefree in 2006. In addition, Evanston went smoke free in 2007.



Governor Dave Freudenthal signed the Wyoming Cancer Control Act into law on March 15, 2007. This Act allocated approximately \$1.68 million to implement the *2006-2010 Wyoming Cancer Control Plan*. Most importantly, this Act lays the foundation of successful cancer control in the State of Wyoming.

Future Endeavors



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